

**FCC Form 481 - Carrier Annual Reporting
Data Collection Form**FCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

<010>	Study Area Code	619011
<015>	Study Area Name	OTZ Telecommunications, Inc.
<020>	Program Year	2017
<030>	Contact Name: Person USAC should contact with questions about this data	Douglas A. Neal
<035>	Contact Telephone Number: Number of the person identified in data line <030>	9074421000 ext.
<039>	Contact Email Address: Email of the person identified in data line <030>	dneal@otz.org
	Form Type	54.313 and 54.422

(100) Service Quality Improvement Reporting Data Collection Form		FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
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<039>	Contact Email Address - Email Address of person identified in data line <030>	dneal@otz.org

<110>	Has your company received its ETC certification from the FCC? If your answer to Line <110> is yes, do you have an existing "5 year plan" filed with the FCC?	<input type="radio"/> (yes) <input checked="" type="radio"/> (no)
<111>		<input type="radio"/> (yes) <input type="radio"/> (no)

If your answer to Line <111> is yes, please file a progress report, on line <112> delineating the status of your company's existing "5 year plan" on file with the FCC, as it relates to your provision of voice telephony service.

<112> Attach Five-Year Service Quality Improvement Plan or, in subsequent years, your annual progress report filed pursuant to 47 C.F.R. § 54.313(a)(1). If your company is a CETC which only receives frozen support, your progress report is only required to address voice telephony service.

	Name of Attached Document
<113>	Please select the appropriate responses below (Yes, No, Not Applicable) to confirm that the attached document(s), on line 112, contains a progress report on its five-year service quality improvement plan pursuant to §54.202(a). The information shall be submitted at the wire center level or census block as appropriate.
<114>	Maps detailing progress towards meeting plan targets
<115>	Report how much universal service (USF) support was received
<116>	How much (USF) was used to improve service quality and how support was used to improve service quality
<117>	How much (USF) was used to improve service coverage and how support was used to improve service coverage
<118>	How much (USF) was used to improve service capacity and how support was used to improve service capacity
	Provide an explanation of network improvement targets not met in the prior calendar year.

(200) Service Outage Reporting (Voice)
Data Collection Form

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[illegible]

(300) Unfulfilled Service Request
Data Collection Form

FCC Form 481
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<035> Contact Telephone Number - Number of person identified in data line <030>	9074421000 ext.
<039> Contact Email Address - Email Address of person identified in data line <030>	dneal@otz.org
<300> Unfulfilled service request (voice)	0
<310> Detail on attempts (voice)	Name of Attached Document
<320> Unfulfilled service request (broadband)	
<330> Detail on attempts (broadband)	Name of Attached Document

(400) Number of Complaints per 1,000 customers Data Collection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
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<039>	Contact Email Address - Email Address of person identified in data line <030>	dnealaotz.org
<400>	Select from the drop-down list to indicate how you would like to report voice complaints (zero or greater) for voice telephony service in the prior calendar year for each service area in which you are designated an ETC for any facilities you own, operate, lease, or otherwise utilize. <div>Offered only mobile voice</div>	
<410>	Complaints per 1000 customers for fixed voice	
<420>	Complaints per 1000 customers for mobile voice	0 . 0
<430>	Select from the drop-down list to indicate how you would like to report end-user customer complaints (zero or greater) for broadband service in the prior calendar year for each service area in which you are designated an ETC for any facilities you own, operate, lease, or otherwise utilize.	
<440>	Complaints per 1000 customers for fixed broadband	
<450>	Complaints per 1000 customers for mobile broadband	

**(500) Compliance With Service Quality Standards and Consumer Protection Rules
Data Collection Form**FCC Form 481
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<035>	Contact Telephone Number - Number of person identified in data line <030>	9074421000 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	dneal@otz.org
<500>	Certify compliance with applicable service quality standards and consumer protection rules	Yes
<510>	Descriptive document for Service Quality Standards & Consumer Protection Rules Compliance	619011ak510.pdf

**(600) Functionality in Emergency Situations
Data Collection Form**

FCC Form 481

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<039>	Contact Email Address - Email Address of person identified in data line <030>	dneal@otz.org
<600>	Certify compliance regarding ability to function in emergency situations	Yes
<610>	Descriptive document for Functionality in Emergency Situations	619011ak610.pdf

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<039>	Contact Email Address - Email Address of person identified in data line <030>	dneal@otz.org

Yes

State of Alaska

619011ak920.pdf

Name of Attached Document

If your company serves Tribal lands, please select (Yes,No, NA) for each these boxes to confirm the status described on the attached document(s), on line 920, demonstrates coordination with the Tribal government pursuant to § 54.313(a)(9) includes:

Select Yes or No or Not Applicable
Yes
Yes
Yes
Yes
Yes
Yes
Yes
Yes
Yes

- <921> Needs assessment and deployment planning with a focus on Tribal community anchor institutions.
- <922> Feasibility and sustainability planning;
- <923> Marketing services in a culturally sensitive manner;
- <924> Compliance with Rights of way processes
- <925> Compliance with Land Use permitting requirements
- <926> Compliance with Facilities Siting rules
- <927> Compliance with Environmental Review processes
- <928> Compliance with Cultural Preservation review processes
- <929> Compliance with Tribal Business and Licensing requirements.

(1000) Voice and Broadband Service Rate Comparability Data Collection Form

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<039>	Contact Email Address - Email Address of person identified in data line <030>	dneal@otz.org

<1000> Voice services rate comparability certification Not Applicable

<1010> Attach detailed description for voice services rate comparability compliance

Name of Attached Document

<1020> Broadband comparability certification

<1030> Attach detailed description for broadband comparability compliance

Name of Attached Document

(1100) No Terrestrial Backhaul Reporting
Data Collection Form

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<039>	Contact Email Address - Email Address of person identified in data line <030>	dneal@otz.org

<1100>	Certify whether terrestrial backhaul options exist (Y/N)	<div>Yes</div>
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<1130>	Please select the appropriate response (Yes, No, Not Applicable) to confirm the reporting carrier offers broadband service of at least 1 Mbps downstream and 256 kbps upstream within the supported area pursuant to § 54.313(g).	<div></div>
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(1200) Terms and Condition for Lifeline Customers

Lifeline Data Collection Form

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819

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<039>	Contact Email Address - Email Address of person identified in data line <030>	dneal@otz.org

619011ak1210.pdf

<1210> Terms & Conditions of Voice Telephony Lifeline Plans

Name of Attached Document

<1220>	Link to Public Website	HTTP	http://www.otz.net/index.html
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"Please check these boxes below to confirm that the attached document(s), on line 1210, or the website listed, on line 1220, contains the required information pursuant to § 54.422(a)(2) annual reporting for ETCs receiving low-income support, carriers must annually report:

<1221>	Information describing the terms and conditions of any voice telephony service plans offered to Lifeline subscribers,	<input checked="" type="checkbox"/>
<1222>	Details on the number of minutes provided as part of the plan,	<input checked="" type="checkbox"/>
<1223>	Additional charges for toll calls, and rates for each such plan.	<input checked="" type="checkbox"/>

(2000) Price Cap Carrier Additional Documentation		FCC Form 481
Data Collection Form		OMB Control No. 3060-0986/OMB Control No. 3060-0819
<i>Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers</i>		July 2013

<010>	Study Area Code	619011
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<039>	Contact Email Address - Email Address of person identified in data line <030>	dneal@otz.org

Select the appropriate responses below (Yes, No, Not Applicable) to note compliance as a recipient of Incremental High Cost support, High Cost support to offset access charge reductions, and Connect America Phase II support as set forth in 47 CFR § 54.313(b),(c),(d),(e). The information reported on this form and in the documents attached below is accurate.

Incremental Connect America Phase I reporting

<2010> 2nd Year Certification 47 CFR § 54.313(b)(1)(i) - Note that for the July 1

2016 certification, this applies to Round 2 recipients of Incremental Support

<2011> 3rd Year Certification 47 CFR § 54.313(b)(1)(ii) - Note that for the July 1

2016 certification, this applies to Round 1 recipients of Incremental Support

<2022> Recipient certifies, representing year two after filing a notice of acceptance of funding pursuant to 54.312(c), that the locations in question are not receiving support under the Broadband Initiatives Program or the Broadband Technology Opportunities Program for projects that will provide broadband with speeds of at least 4 Mbps/1Mbps - 54.313(b)(2)(i). Round 2 recipients only.

<2023> The attachment on line 2024 includes a statement of the total amount of capital funding expended in the previous year in meeting Connect America Phase I deployment obligations, accompanied by a list of census blocks indicating where funding was spent. This covers year two - 54.313(b)(2)(ii). Round 2 recipients only.

<2024A> Round 2 Recipient of Incremental Support?

<2024B> Attach list of census blocks indicating where funding was spent in year two - 54.313(b)(2)(iii). Round 2 recipients only.

<2025A> Round 1 or Round 2 Recipient of Incremental Support?

<2025B> Attach geocoded Information for Phase I milestone reports (Round 1 for year three and Round 2 for year two) - Connect America Fund , WC Docket 10-90, Report and Order, FCC 13-

<2015> 2016 and future Frozen Support Certification 47 CFR § 54.313(c)(4)

Name of Attached Document Listing
Required Information

Name of Attached Document Listing
Required Information

(2000) Price Cap Carrier Additional Documentation (Continued)**Data Collection Form***Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers*

FCC Form 481

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July 2013

Price Cap Carrier Connect America ICC Support {47 CFR § 54.313(d)}

<2016> Certification support used to build broadband

Connect America Phase II Reporting {47 CFR § 54.313(e)}

<2017A> Connect America Fund Phase II recipient?

<2017B> Attach information for Phase II - 54.313(e)(1) - list of geocoded locations already meeting the 54.309 public interest obligations at the end of calendar year 2015 and total amount of Phase II support, if any, the price

Name of Attached Document Listing
Required Information

cap carrier used for capital expenditures in 2015.

<2018> Attach the number, names, and addresses of community anchor institutions to which the carrier newly began providing access to broadband service in the preceding calendar year - 54.313(e)(2)(iii)

Name of Attached Document Listing
Required Information

<2019> Recipient certifies that it bid on category one telecommunications and Internet access services in response to all FCC Form 470 postings seeking broadband service that meets the connectivity targets for the schools and libraries universal service support program for eligible schools and libraries located within any area in a census block where the carrier is receiving Phase II model-based support, and that such bids were at rates reasonably comparable to rates charged to eligible schools and libraries in urban areas for comparable offerings - 54.313(e)(2)(v)

<2020> Recipient certifies that it offered broadband meeting the requisite public interest obligations specified in §54.309 to 40% of its supported locations in the state on December 31, 2017 - 54.313(e)(3)

<2021> Recipient certifies that it offered broadband meeting the requisite public interest obligations specified in §54.309 to 60% of its supported locations in the state on December 31, 2018 - 54.313(e)(4)

<2026> Recipient certifies that it offered broadband meeting the requisite public interest obligations specified in §54.309 to 80% of its supported locations in the state on December 31, 2019 - 54.313(e)(5)

<2027> Recipient certifies that it offered broadband meeting the requisite public interest obligations specified in §54.309 to 100% of its supported locations in the state on December 31, 2020 - 54.313(e)(6)

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Complete the items below to note compliance with five year service quality plan (pursuant to 47 CFR § 54.202(a)) and, for privately held carriers, ensuring compliance with the financial reporting requirements set forth in 47 CFR § 54.313(f)(2). I further certify that the information reported on this form and in the documents attached below is accurate.

(3009)	Progress Report on 5 Year Plan Carrier certifies to 54.313(f)(1)(iii)	
(3010A)	Milestone Certification (47 CFR § 54.313(f)(1)(i))	
(3010B)	Please Provide Attachment	Name of Attached Document Listing Required Information
(3012A)	Community Anchor Institutions (47 CFR § 54.313(f)(1)(iii))	
(3012B)	Please Provide Attachment	Name of Attached Document Listing Required Information
(3013)	Is your company a Privately Held ROR Carrier (47 CFR § 54.313(f)(2))	<input type="radio"/> (Yes) <input type="radio"/> (No)
(3014)	If yes, does your company file the RUS annual report	<input type="radio"/> (Yes) <input type="radio"/> (No)
	Please check these boxes to confirm that the attached PDF, on line 3017, contains the required information pursuant to § 54.313(f)(2) compliance requires:	
(3015)	Electronic copy of their annual RUS reports (Operating Report for Telecommunications Borrowers)	<input type="checkbox"/>
(3016)	Document(s) with Balance Sheet, Income Statement and Statement of Cash Flows	<input type="checkbox"/>
(3017)	If the response is yes on line 3014, attach your company's RUS annual report and all required documentation	Name of Attached Document Listing Required Information
(3018)	If the response is no on line 3014, is your company audited?	<input type="radio"/> (Yes) <input type="radio"/> (No)
	If the response is yes on line 3018, please check the boxes below to confirm your submission on line 3026 pursuant to § 54.313(f)(2), contains:	
(3019)	Either a copy of their audited financial statement; or (2) a financial report in a format comparable to RUS Operating Report for Telecommunications Borrowers	<input type="checkbox"/>
(3020)	Document(s) for Balance Sheet, Income Statement and Statement of Cash Flows	<input type="checkbox"/>
(3021)	Management letter and/or audit opinion issued by the independent certified public accountant that performed the company's financial audit.	<input type="checkbox"/>
	If the response is no on line 3018, please check the boxes below to confirm your submission on line 3026 pursuant to § 54.313(f)(2), contains:	
(3022)	Copy of their financial statement which has been subject to review by an independent certified public accountant; or 2) a financial report in a format comparable to RUS Operating Report for Telecommunications Borrowers	<input type="checkbox"/>
(3023)	Underlying information subjected to a review by an independent certified public accountant	<input type="checkbox"/>
(3024)	Underlying information subjected to an officer certification.	<input type="checkbox"/>
(3025)	Document(s) for Balance Sheet, Income Statement and Statement of Cash Flows	<input type="checkbox"/>
(3026)	Attach the worksheet listing required information	Name of Attached Document Listing Required Information

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Financial Data Summary	
(3027) Revenue	
(3028) Operating Expenses	
(3029) Net Income	
(3030) Telephone Plant In Service(TPIS)	
(3031) Total Assets	
(3032) Total Debt	
(3033) Total Equity	
(3034) Dividends	

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4005 Rural Broadband Experiment

Authorized Rural Broadband Experiment (RBE) recipients must address the certification for public interest obligations, provide a list of newly served community anchor institutions, and provide a list of locations where broadband has been deployed.

Public Interest Obligations – FCC 14-98 (paragraphs 26-29, 78)

Please address Line 4001 regarding compliance with the Commission's public interest obligations. All RBE participants must provide a response to Line 4001.

4001. Recipient certifies that it is offering broadband to the identified locations meeting the requisite public interest obligations consistent with the category for which they were selected, including broadband speed, latency, usage capacity, and rates that are reasonably comparable to rates for comparable offerings in urban areas?

Community Anchor Institutions – FCC 14-98 (paragraph 79)

4003a. RBE participants must provide the number, names, and addresses of community anchor institutions to which they newly deployed broadband service in the preceding calendar year. On this line, please respond (yes – attach new community anchors, no – no new anchors) to indicate whether this list will be provided.

If yes to 4003A, please provide a response for 4003B.

4003b. Provide the number, names and addresses of community anchor institutions to which the recipient newly began providing access to broadband service in the preceding calendar year.

Name of Attached Document Listing Required Information

Broadband Deployment Locations – FCC 14-98 (paragraph 80)

4004a. Attach a list of geocoded locations to which broadband has been deployed as of the June 1st immediately preceding the July 1st filing deadline for the FCC Form 481.

Name of Attached Document Listing Required Information

4004b. Attach evidence demonstrating that the recipient is meeting the relevant public service obligations for the identified locations. Materials must at least detail the pricing, offered broadband speed and data usage allowances available in the relevant geographic area.

Name of Attached Document Listing Required Information

Certification - Reporting Carrier Data Collection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
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TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING ANNUAL REPORTING ON ITS OWN BEHALF:

Certification of Officer as to the Accuracy of the Data Reported for the Annual Reporting for CAF or LI Recipients	
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual reporting requirements for universal service support recipients; and, to the best of my knowledge, the information reported on this form and in any attachments is accurate.	
Name of Reporting Carrier: OTZ Telecommunications, Inc.	
Signature of Authorized Officer:	Date
Printed name of Authorized Officer:	
Title or position of Authorized Officer:	
Telephone number of Authorized Officer:	
Study Area Code of Reporting Carrier: 619011	Filing Due Date for this form: 07/01/2016
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

**Certification - Agent / Carrier
Data Collection Form**

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TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING ANNUAL REPORTS ON THE CARRIER'S BEHALF:

Certification of Officer to Authorize an Agent to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier	
I certify that (Name of Agent) _____ is authorized to submit the information reported on behalf of the reporting carrier. I also certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual data reporting requirements provided to the authorized agent; and, to the best of my knowledge, the reports and data provided to the authorized agent is accurate.	
Name of Authorized Agent: _____	
Name of Reporting Carrier: _____	
Signature of Authorized Officer: _____	Date: _____
Printed name of Authorized Officer: _____	
Title or position of Authorized Officer: _____	
Telephone number of Authorized Officer: _____	
Study Area Code of Reporting Carrier: _____	Filing Due Date for this form: _____
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

TO BE COMPLETED BY THE AUTHORIZED AGENT:

Certification of Agent Authorized to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier	
I, as agent for the reporting carrier, certify that I am authorized to submit the annual reports for universal service support recipients on behalf of the reporting carrier; I have provided the data reported herein based on data provided by the reporting carrier; and, to the best of my knowledge, the information reported herein is accurate.	
Name of Reporting Carrier: _____	
Name of Authorized Agent Firm: _____	
Signature of Authorized Agent or Employee of Agent: _____	Date: _____
Name of Authorized Agent Employee: _____	
Title or position of Authorized Agent or Employee of Agent: _____	
Telephone number of Authorized Agent or Employee of Agent: _____	
Study Area Code of Reporting Carrier: _____	Filing Due Date for this form: _____
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

Attachments

(700) Price Offerings including Voice Rate Data
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1/1/2016

<701> Residential Local Service Charge Effective Date
<702> Single State-wide Residential Local Service Charge

<703>

<a1>	<a2>	<a3>	<b1>	<b2>	<b3>	<b4>	<b5>	<c>
State	Exchange (ILEC)	SAC (CETC)	Rate Type	Residential Local Service Rate	State Subscriber Line Charge	State Universal Service Fee	Mandatory Extended Area Service Charge	Total per line Rates and Fees
AK	Kotzebue		FR	35.0	0.0	4.03	0.0	39.03
AK	Kotzebue		MT	4.95	0.0	0.57	0.0	5.52
AK	Kotzebue		MT	9.95	0.0	1.14	0.0	11.09
AK	Kotzebue		MT	14.95	0.0	1.72	0.0	16.67
AK	Kotzebue		MT	25.0	0.0	2.88	0.0	27.88
AK	Kotzebue		MT	19.95	0.0	2.29	0.0	22.24
AK	Kotzebue		MT	29.95	0.0	3.44	0.0	33.39
AK	Kotzebue		MT	34.95	0.0	4.02	0.0	38.97
AK	Kotzebue		MT	44.95	0.0	5.17	0.0	50.12
AK	Noorvik		FR	35.0	0.0	4.03	0.0	39.03
AK	Noorvik		MT	4.95	0.0	0.57	0.0	5.52
AK	Noorvik		MT	9.95	0.0	1.14	0.0	11.09
AK	Noorvik		MT	14.95	0.0	1.72	0.0	16.67
AK	Noorvik		MT	25.0	0.0	2.88	0.0	27.88
AK	Noorvik		MT	19.95	0.0	2.29	0.0	22.24
AK	Noorvik		MT	29.95	0.0	3.44	0.0	33.39
AK	Noorvik		MT	34.95	0.0	4.02	0.0	38.97
AK	Noorvik		MT	44.95	0.0	5.17	0.0	50.12
AK	Selawik		FR	35.0	0.0	4.03	0.0	39.03
AK	Selawik		MT	4.95	0.0	0.57	0.0	5.52
AK	Selawik		MT	9.95	0.0	1.14	0.0	11.09



OTZ TELECOMMUNICATIONS, LLC

P.O. BOX 369
KOTZEBUE, ALASKA 99752
(907) 442-2411
FAX (907) 442-2511
1-888-449-2411

Ms. Marlene H. Dortch
Secretary
Federal Communications Commission
445 12th Street, S.W.
Washington, D.C. 20554

Re: WC Docket Nos. 10-90 and 11-42, Annual 47 C.F.R. § 54.313(a)(5) and § 54.422 Certification
via Form 481, Line No. 510

Dear Ms. Dortch:

Please accept this letter as certification that OTZ Telecommunications, LLC will make reasonable efforts to comply with applicable service quality standards as stated in Alaska Administrative Code 3 AAC 53.450(a), (b) and (c), consumer protection and service quality rules as defined in 47 CFR Part 64 Subpart U, Customer Proprietary Network Information and the Federal Trade Commission Red Flag rules to prevent identity theft.

OTZ Telecommunications, LLC adheres to Consumer Protection by complying with the requirements of 47 C.F.R. Part 64 Subpart U, Customer Proprietary Network Information and the Federal Trade Commission Red Flag rules to prevent identity theft. A manual for each of those programs is in place and is part of the employees' handbook. Employee training is conducted annually and new hires are instructed on the programs as required by their job functions.

OTZ Telecommunications, LLC adheres to Service Quality Standards by complying with the State of Alaska Administrative Code 3 AAC 53.450(a), (b) and (c), consumer protection and service quality.

Sincerely,

Douglas A. Neal
Chief Executive Officer



OTZ TELECOMMUNICATIONS, LLC

P.O. BOX 369
KOTZEBUE, ALASKA 99752
(907) 442-2411
FAX (907) 442-2511
1-888-449-2411

Ms. Marlene H. Dortch
Secretary
Federal Communications Commission
445 12th Street, S.W.
Washington, D.C. 20554

Re: WC Docket Nos. 10-90 and 11-42, Annual 47 C.F.R. § 54.313(a)(6) and § 54.422
Certification via Form 481, Line No. 610

Dear Ms. Dortch:

Please accept this letter as certification that OTZ Telecommunications, LLC will make reasonable efforts to function in emergency situations as set forth in 47 C.F.R. §54.202(a)(2) and in Alaska Administrative Code 3 AAC 53.410(a)(12) regarding functionality in emergency situations.

Back-up Power

OTZ Telecommunications, LLC has the following back-up power capabilities:

Switches – stand alone and/or host

Kotzebue CO Switch	A total of eleven (11) APC 3000xI batteries with the capacity of reserve power for the switch and antennas for eleven (11) hours.
Noorvik CO Switch	A total of nine (9) APC 3000xI batteries with the capacity of reserve power for the switch and antennas for eleven (11) hours.
Selawik CO Switch	A total of nine (9) APC 3000xI batteries with the capacity of reserve power for the switch and antennas for eight (8) hours.

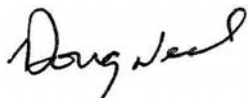
Ability to reroute traffic around damaged facilities:

OTZ Telecommunications, LLC has three (3) remote switches connected to a central switch in Anchorage and the Public Switched Telephone Network. The switches are connected to the central switch by an Ethernet SIP trunk to Anchorage and a redundant connection through the local telephone company. OTZ Telecommunications, LLC has a single spare system that includes a chassis and cards that could be deployed when needed in an emergency situation.

Capability to manage traffic spikes resulting from emergency situations

Kotzebue Exchange	OTZ Telecommunications, LLC has 1,946 customers, switching capacity of 48 simultaneous calls cell to cell, 48 simultaneous calls cell to landline, and transport capacity for 48 simultaneous calls. OTZ Telecommunications, LLC takes no responsibility for the capabilities of interconnected networks to manage traffic spikes resulting from emergency situations, but will continue its best efforts for its networks during such events.
Selawik Exchange	OTZ Telecommunications, LLC has 655 customers, switching capacity of 24 simultaneous calls cell to cell, 24 simultaneous cell to landline and transport capacity for 24 simultaneous calls. OTZ Telecommunications, LLC takes no responsibility for the capabilities of interconnected networks to manage traffic spikes resulting from emergency situations, but will continue its best efforts for its networks during such events.
Noorvik Exchange	OTZ Telecommunications, LLC has 666 customers, switching capacity of 24 simultaneous calls cell to cell, 24 simultaneous cell to landline and transport capacity for 24 simultaneous calls. OTZ Telecommunications, LLC takes no responsibility for the capabilities of interconnected networks to manage traffic spikes resulting from emergency situations, but will continue its best efforts for its networks during such events.

Sincerely,



Douglas A. Neal
Chief Executive Officer



OTZ TELEPHONE COOPERATIVE, INC.

P.O. BOX 324
KOTZEBUE, ALASKA 99752
(907) 442-3114
FAX (907) 442-2123
1-800-478-3111

Ms. Marlene H. Dortch
Secretary
Federal Communications Commission
445 12th Street, S.W.
Washington, D.C. 20544

Re: WC Docket No. 10-90, Annual 47 C.F.R. § 54.313(a)(9) Certification via Form 481,
Line No. 920

Dear Ms. Dortch:

Please accept this letter as certification demonstrating that OTZ Telephone Cooperative, Inc. (OTZ) has coordinated with Tribal government as set forth in 47 C.F.R. §54.313(a)(9).

In 2015, OTZ took multiple actions in order to comply with the Tribal Engagement Obligations. OTZ contacted all of the tribal administrators in within OTZ's service area by mailing out letters to each tribal administrator¹. These letters served to inform each tribal administrator of OTZ's responsibility to work with all tribal offices regarding a variety of topics. In addition, the letters mailed served to create a dialogue with tribal leaders, and to identify OTZ Board Members and OTZ employees who are available for any questions or concerns.

Included with the letters sent to tribal administrators were questionnaires². These questionnaires specifically covered the following: (i) A needs assessment and deployment planning with a focus on Tribal community institutions anchor; (ii) Feasibility and sustainability planning; (iii) Marketing services in a culturally sensitive manner; (iv) Rights of way processes, land use permitting, facilities siting, environmental and cultural preservation review processes; and (v) Compliance with Tribal business and licensing requirements.

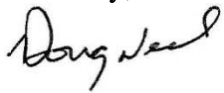
¹ See Tribal Administrators Letter dated September 14, 2015, attached as Exhibit A.

² See Tribal Engagement Questionnaire, attached as Exhibit B.

In addition several OTZ technicians travel to the villages throughout the year. During these visits technicians will make contact with tribal leaders to ensure a dialogue has been opened, and that any questions or concerns are addressed. Lastly, members of the Board of Directors represent each village served, and offer a direct communication link between tribal leadership and OTZ.

Accordingly, OTZ hereby certifies that it has satisfied its Tribal Engagement obligations pursuant to 47 C.F.R. §54.313(a)(9).

Sincerely,

A handwritten signature in black ink, appearing to read "Doug Neal", written in a cursive style.

Douglas A. Neal
Chief Executive Officer

¹ See Tribal Administrators Letter dated September 14, 2015, attached as Exhibit A.

² See Tribal Engagement Questionnaire, attached as Exhibit B.

EXHIBIT A

Tribal Administrators Letter



OTZ TELEPHONE COOPERATIVE, INC.

346A Tundra Way
P.O. BOX 324
KOTZEBUE, ALASKA 99752
(907) 442-3114
(907) 442-2123 Fax
(800)478-3111 Toll Free

September 14, 2015

Dear Tribal Administrator:

On an annual basis, as part of the Federal Communications Commission's Universal Service requirements, telecommunications companies are required to document that they have engaged Tribal entities to discuss a broad list of topics. Unfortunately, the federal funding OTZ has historically relied upon to maintain existing services and develop new ones continues to decline. We are hopeful that the Alaska Telecommunications Association's Alaska Plan will be approved by the FCC and stop this trend. The Alaska Plan would preserve funding for 10 years, which would provide necessary predictability.

We value your opinion and will continue to do our best to serve your needs to the best of our ability. Even though the vast majority of the members of the Cooperative are Inupiaq, OTZ Telephone Cooperative and its subsidiary company, OTZ Telecommunications, are not legally recognized as tribally owned. Most of the employees and all of the board of directors are Inupiaq as well.

OTZ Telephone Cooperative and OTZ Telecommunications remain committed to the relationship we've built over the years. To meet our regulatory requirements, we are completing a more formal process to solicit your advice. Attached to this letter, please find a questionnaire which will assist us with identifying areas where we may be of assistance to you. Please complete it and return it to us at your convenience, and in advance, thank you so much for taking the time to complete it. The questionnaire covers the following topics:

1. A needs assessment and deployment planning with a focus on tribal community anchor institutions.
2. Feasibility and sustainability planning.
3. Marketing services in a culturally sensitive manner.
4. Rights of way processes, land use permitting, facilities siting, and environmental and cultural preservation review processes.
5. Compliance with Tribal business and licensing requirements.

We welcome any questions you may have and would like to discuss how OTZ Telephone Cooperative and OTZ Telecommunications can best serve the needs of our community. Please direct any questions regarding telecommunications issues or any of the items listed above to me or one of the Board members representing you on the Board of Directors. Board members are listed below:

Marie N. Greene – Kotzebue
Charlie R. Gregg – Kotzebue
Chester L. Ballot – Kotzebue
Larry D. Jones – Noatak and Kivalina
Jane Cleveland – Ambler, Shungnak and Kobuk
Gordon Newlin – Kiana, Noorvik and Selawik
Eunice Hadley – Buckland and Deering

We have technicians who work for us part-time who live in most of our villages and we also have technicians who frequently travel to the villages. Please don't hesitate to raise an issue with a technician and they will relay it to us. Our goal is to make it as easy as possible to bring your needs to us. My direct line is 907-442-1000 so please don't hesitate to call if you have any questions or concerns.

Sincerely,

Doug Neal
Chief Executive Officer

EXHIBIT B

Tribal Engagement Questionnaire

Tribal Government Questionnaire

Village _____

Individual Completing Report _____

Date _____

Needs Assessment and Deployment Planning

1. How can OTZ better assist you with your telecommunications needs?
2. Are there community or anchor institutions in your community that have yet to receive telecommunications services?
3. Are there tribally driven economic development projects where OTZ and your organization could potentially work together to provide a new telecommunications service to your village?

Feasibility and Sustainability Planning

1. What are the challenges to providing new telecommunications services to your village?

Marketing Services in a culturally Sensitive Manner

1. Regarding marketing materials, are there ways that OTZ could market its services in a more culturally sensitive manner?

Rights of Way Processes, Land Use Permitting, Facilities Siting, Environmental and Cultural and Preservation Review Processes

OTZ is already required to adhere to strict regulations regarding environmental and cultural preservation. We are also required to make certain that we build our plant in the right-of-ways as designated by the village, and follow a host of other state and federal regulations as well.

1. Are there any additional tribal regulations or review processes that OTZ should be aware of for your village?

Compliance with Tribal and Licensing Requirements

To provide telecommunications services, OTZ has in place a long list of federal and state licenses.

1. To provide telecommunications services in your village, are there any additional licensing requirements that OTZ is not aware of that we should have in place?



OTZ TELECOMMUNICATIONS, LLC

P.O. BOX 369
KOTZEBUE, ALASKA 99752
(907) 442-2411
FAX (907) 442-2511
1-888-449-2411

Ms. Marlene H. Dortch
Secretary
Federal Communications Commission
445 12th Street, S.W.
Washington, D.C. 20554

Re: WC Docket Nos. 10-90 and 11-42, Annual 47 C.F.R. § 54.422(a)(2) Certification via Form 481, Line No. 1210

Dear Ms. Dortch:

Please accept this letter as certification that OTZ Telecommunications, LLC offers Lifeline services as set forth in 47 C.F.R. §54.422(a)(2). The following information describes the terms and conditions of all voice telephony service plans offered to Lifeline subscribers

For its Cellular Lifeline service, OTZ Telecommunications, LLC charges subscribers \$0.00 per month. This amount includes all federally mandated charges and access fees. Subscribers receive unlimited local minutes per month, unlimited text messaging, free voicemail and 800/877/888 dialing access. Roaming service is available for an additional fee as shown on the website printout attached. To qualify, a subscriber must fill out an application and certify that they meet the federal guidelines; copies of both are included on the following pages.

Additionally, OTZ Telecommunications, LLC has provided a printout from its website with prices for special features. OTZ Telecommunications, LLC also provided copies of OTZ Telecommunications, LLC d/b/a OTZ Long Distance's tariff which includes rates for additional services available to subscribers upon request. In order to add long distance service, a deposit of \$90.00 is required. Tariff sheets include:

- Long distance service
- Calling card service

Sincerely,

Douglas A. Neal
Chief Executive Officer



OTZ & OTZT
P.O. Box 324
Kotzebue, AK 99752
Ph: 907 442 3114
Fx: 907 442 2123
Toll Free: 800 478 3111
www.otz.net



CERTIFICATION FOR LIFELINE SERVICE

PROGRAM RULES: Lifeline is a federal benefit and willfully making false statements to obtain the benefit can result in fines, imprisonment, de-enrollment or being barred from the program. OTZ & OTZT are required by the Federal Communications Commission, or FCC, to verify your eligibility to participate in the Lifeline program.

Under penalty of perjury you must certify, acknowledge, and agree that the following statements in red are true to the best of your knowledge. Indicate your acknowledgement of each statement with a checkmark.

Only one Lifeline discount is allowed per household, consisting of either telephone or cell service. A household is not permitted to receive Lifeline benefits from multiple providers. Violation of the one-per-household requirement constitutes a violation of FCC rules and will result in your de-enrollment from the program, and potentially, criminal prosecution. A household is any individual or group of individuals who live together at the same address and share income and expenses.

- ☐ **I CERTIFY MY HOUSEHOLD WILL RECEIVE ONLY ONE LIFELINE SERVICE AND, TO THE BEST OF MY KNOWLEDGE, MY HOUSEHOLD IS NOT ALREADY RECEIVING LIFELINE SERVICE.**

APPLICANT INFORMATION

Last Name	First Name	Middle	Billing Phone Number
Street Address (not a P.O. Box)	City	State	Zip Code
The address listed above is <input type="radio"/> Permanent OR <input type="radio"/> Temporary			
Social Security Number (last 4 digits)	Date of Birth (mm/dd/yyyy)		

BILLING ADDRESS

Street Address	City	State	Zip Code
----------------	------	-------	----------

ELIGIBILITY REQUIREMENTS

You will be required to demonstrate eligibility based on (1) Participation in one of the assistance programs listed below; OR (2) Household income at or below 135% of Federal Poverty guidelines for your household size.

- ☐ **I CERTIFY UNDER PENALTY OF PERJURY THAT I OR A MEMBER OF MY HOUSEHOLD MEETS THE INCOME-BASED OR PROGRAM BASED ELIGIBILITY CRITERIA FOR RECEIVING THE LIFELINE DISCOUNT.**

Indicate by checkmark the program for which you are providing a document demonstrating your current program:

Alaska State Assistance Programs

- ☐ Adult Public Assistance Program
- ☐ Child Care Assistance Program (PASS I, II, & III)
- ☐ Woman, Infants and Children's Program (WIC)
- ☐ Alaska Heating Assistance
- ☐ Pioneer Home Payment Assistance
- ☐ Denali Kid Care
- ☐ Senior Care
- ☐ Alaska State Housing Corporation Programs
(Public Housing, Interest Rate Reduction for Low
Income Borrowers, Low Income Housing Tax Credit,
Home Investment Partnership Program)

U.S. Federal Assistance Programs

- ☐ Medicaid (not Medicare)
- ☐ SNAP (Food Stamps)
- ☐ Supplemental Security Income
- ☐ Federal Public Housing Assistance (Section 8)
- ☐ Low Income Home Energy Assistance
- ☐ Bureau of Indian Affairs General Assistance
- ☐ Temporary Assistance for Needy Families (TANF)
- ☐ Head Start (only if meeting income/qualifying standards)
- ☐ National School Lunch Program
- ☐ Tribal Administered Assistance for Needy Families
- ☐ VA Pension or VA Disability Pension
- ☐ Senior Citizen Housing Development Fund

- ☐ **I AGREE TO ATTACH A COPY OF A STATEMENT OF BENEFITS (CURRENT OR PRIOR YEAR) OR LETTER OF PARTICIPATION OR PARTICIPATION DOCUMENT (BENEFIT CARD) OR OFFICIAL DOCUMENT SHOWING PARTICIPATION IN STATE, FEDERAL OR TRIBAL PROGRAM. OTZ WILL NOT RETAIN DOCUMENT.**

ELIGIBILITY REQUIREMENTS

If you do not qualify for Lifeline based on the assistance programs listed on page one, then the following chart can be used to determine eligibility for Lifeline based solely on income. You may qualify if your household annual income is at or below 135% of the Federal Poverty Guidelines. A household is any individual or group of individuals who live together at the same address and share income and expenses. If the income amount for your household size is more than the amount shown on the chart below you do not qualify for Lifeline discount based solely on income.

Federal Poverty Guidelines - 135%									
Household Size	1	2	3	4	5	6	7	8	More than 8
Alaska	\$19,683	\$26,541	\$33,399	\$40,257	\$47,115	\$53,973	\$60,831	\$67,689	Add \$6,858 for each

- ☐ **I CERTIFY THAT MY TOTAL HOUSEHOLD INCOME IS AT OR BELOW THE 135% OF THE FEDERAL POVERTY GUIDELINES AND I ALSO CERTIFY THAT THIS IS HOW MANY PEOPLE LIVE IN MY HOUSEHOLD (required):_____**

If your household qualifies based on the above income chart, attach a copy of the following applicable documents. If you provide documentation that does not cover a full year (such as a current paycheck stub), you must submit three (3) consecutive months of the same type of document from the previous 12 months.

- Prior year's state, federal or Tribal tax return
- Current income statement from an employer or paycheck stub
- Social Security statement of benefits
- Veteran's Administration statement of benefits
- Retirement/Pension statement of benefits
- Unemployment/Workmen's Compensation statement of benefits
- Federal/Tribal notice letter of participation in General Assistance
- Divorce decree
- Child support award
- Other official document containing income information

ACKNOWLEDGEMENT & CONSENT

Your name, phone number, address, and information contained in the application, as well as information associated with your Lifeline service may be provided to the Universal Service Administration Company, or USAC, in order to verify your household does not receive more than one Lifeline benefit. You will be denied Lifeline benefits if you fail to provide OTZ with consent to provide the specified information to USAC.

- ☐ **I ACKNOWLEDGE AND CONSENT THAT OTZ PROVIDE MY INFORMATION TO USAC AS MENTIONED ABOVE.**
- ☐ **I AGREE TO ALLOW OTZ TO EXCHANGE MY INFORMATION WITH FEDERAL OR STATE AGENCIES TO VERIFY MY ELIGIBILITY TO PARTICIPATE IN THE LIFELINE PROGRAM.**
- ☐ **I AGREE NOT TO TRANSFER MY LIFELINE BENEFITS TO ANOTHER PERSON.**
- ☐ **I AGREE TO PROVIDE A NEW ADDRESS TO OTZ WITHIN 30 DAYS IF I MOVE TO A NEW ADDRESS.**
- ☐ **I AGREE TO NOTIFY OTZ WITHIN 30 DAYS IF, FOR ANY REASON, I OR MY HOUSEHOLD:**
 - **NO LONGER RECEIVE BENEFITS FROM FEDERAL OR STATE PROGRAMS THAT QUALIFY ME FOR LIFELINE.**
 - **IF MY ANNUAL HOUSEHOLD INCOME EXCEEDS THE FEDERAL POVERTY GUIDELINES AMOUNT LISTED ABOVE THAT QUALIFIED ME FOR THE LIFELINE PROGRAM.**
 - **RECEIVES MORE THAN ONE LIFELINE BENEFIT OR ANOTHER MEMBER OF MY HOUSEHOLD IS RECEIVING LIFELINE SERVICE.**
- ☐ **I ACKNOWLEDGE THAT I MAY BE REQUIRED TO RE-CERTIFY MY CONTINUED ELIGIBILITY FOR LIFELINE AND MY FAILURE TO RE-CERTIFY WILL RESULT IN DE-ENROLLMENT AND TERMINATION OF MY LIFELINE BENEFITS.**
- ☐ **I ACKNOWLEDGE THAT PROVIDING FALSE OR FRADULANT INFORMATION TO RECEIVE LIFELINE BENEFITS IS PUNISHABLE BY LAW.**
- ☐ **THE INFORMATION CONTAINED IN THIS APPLICATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.**

Billing Name Signature

Date

Print Beneficiary Name



OTZ Telephone Cooperative, Inc.
OTZ Telecommunications, LLC

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OTZ.net Email](#)



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Phone Bill](#)



[Listen to
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Weather for Kotzebue
Sunny
Time: 12:00 pm
Temp: 57
RealFeel Temp: 65
Humidity: 74
Winds: VV at 5 mph

[Click for 5-day forecast!](#)
powered by AccuWeather.com

OTZ Cellular Plans

Sign up today for the OTZ Cellular Plan that works best for you...or your whole family. Here's an overview of our plans. Need help deciding? Just give us a call at 442-2411.

PICK YOUR PLAN

	Aana Taata	Northwest Arctic Slope	Nationwide 400	Nationwide 800	Nationwide 1000	Nationwide 2000
Monthly Rate	\$14.95	\$25.00	\$19.95	\$29.95	\$34.95	\$44.95
Local Airtime	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited
Nationwide Minutes	15¢/min	15¢/min	400	800	1000	2000
Roaming Airtime	25¢/min	25¢/min	-	-	-	-
Roaming Overage per Minute	-	-	40¢/min	40¢/min	40¢/min	40¢/min
Voicemail	✓	✓	✓	✓	✓	✓
Call Waiting	✓	✓	✓	✓	✓	✓
Caller ID	\$3.95	\$3.95	\$3.95	\$3.95	\$3.95	\$3.95
Additional Line Rate¹	\$9.95	\$9.95	\$9.95	\$9.95	\$9.95	\$9.95
Unlimited Messaging	Free	\$5.95	\$5.95	\$5.95	\$5.95	\$5.95
Activation Free	\$35.00	\$35.00	\$35.00	\$35.00	\$35.00	\$35.00

Save money when you bundle with DSL!²

1. Share toll minutes between shared lines.
2. Only available in Kotzebue. DSL application and equipment required. Fees apply.

1 Phone + Internet
Save \$39.99 Monthly

2 or 3 Phones + Internet
Save \$64.99 Monthly

4 Phones + Internet
Save \$74.99 Monthly

VoiceMail Options	Monthly Rate	Message Capacity
Basic	Free	15
Enhanced	\$4.95	30
Premium	\$6.95	45
Web Access	\$1.99	-

More Roaming Options

- 50 Roaming Minutes, \$5.99 per month
- 100 Roaming Minutes, \$9.99 per month
- 200 Roaming Minutes, \$19.99 per month
- 500 Roaming Minutes, \$39.99 per month

Lifeline Monthly Rate: \$0.00/mo.

This includes all federally mandated charges and access fees. You may add special calling features for an additional charge. To see if you qualify for Lifeline, click [here](#).

SIGN UP!

Download your [cell service sign-up form here](#), or call us at 442-2411.

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RCA No. **511** Original Sheet No. 4.24

Cancelling _____ Sheet No. _____

OTZ Telecommunications, LLC

SCHEDULE OF CHARGES

D. Calling Card Service

1. Description

Calling card service is the provision of dial-type message communications that allows customers to originate outbound direct dial calls via a company authorized 14-digit number. The 14 digit number consists of a 10-digit calling card number plus a 4-digit Personal Identification Number (PIN).

There are basically three types of calling card service:

- a. Customer or Operator Dialed Company Calling Card;
- b. Customer or Operator Dialed LEC Calling Card; and,
- c. Customer or Operator Dialed Credit Card.

2. Regulations

In addition to the appropriate regulations specified in the preceding sections of this tariff, the following regulations apply for calling card service:

- a. Customer or Operator Dialed Company Calling Card

This service is available using 950 access or 1-800-950. Customer or Operator Dialed Company Calling Card rates apply when the person originating the call dials a 14-digit company authorization code and the telephone number desired, completes the call with or without the assistance of an operator, and the call is billed to a Company calling card.

Tariff Advice No. _____

Effective: _____

Issued By: **OTZ Telecommunications, LLC**

By: **Douglas A. Neal**

Title: **Chief Executive Officer**

RCA No. **511** Original Sheet No. 4.25

Cancelling _____ Sheet No. _____

OTZ Telecommunications, LLC

SCHEDULE OF CHARGES

D. Calling Card Service

2. Regulations (Continued)

b. Customer or Operator Dialed LEC Calling Card

Customer or Operator Dialed LEC Calling Card rates apply when the person originating the call dials the telephone number desired and completes the call with or without the assistance of an operator, and the call is billed to a LEC Calling Card.

c. Customer or Operator Dialed Credit Card

Customer or Operator Dialed Credit Card rates apply when the person originating the call dials the telephone number desired and completes the call with or without the assistance of an operator, and the call is billed to a credit card.

Tariff Advice No. _____

Effective: _____

Issued By: **OTZ Telecommunications, LLC**

By: **Douglas A. Neal**

Title: **Chief Executive Officer**

RCA No. **511** Original Sheet No. 4.26

Cancelling _____ Sheet No. _____

OTZ Telecommunications, LLC

SCHEDULE OF CHARGES

D. Calling Card Service (Continued)

3. Rates and Charges

a.	<u>Rate</u>	<u>Initial 1 Minute</u>	<u>Each Additional Minute</u>
	All	\$0.15	\$0.15

b. Service Charges Per Call

Customer Dialed Credit Card \$0.15

A \$15.00 non-recurring charge applies for each newly established calling card number.

Tariff Advice No. _____ Effective: _____

Issued By: **OTZ Telecommunications, LLC**

By: **Douglas A. Neal**

Title: **Chief Executive Officer**

RCA No. **511** Original Sheet No. 4.27

Cancelling _____ Sheet No. _____

OTZ Telecommunications, LLC

SCHEDULE OF CHARGES

E. Prepaid Calling Card Service

1. Description

Company Prepaid Calling Card Service allows customers to originate outbound direct dial calls via Company-provided 800/877/888 numbers. Company Prepaid Calling Card Service customers may originate and terminate calls at any telephone in Alaska. All Company Prepaid Calling Card Service calls are rounded to the next higher full minute.

2. Regulations

- a. Calls to 700, 800/877/888, 900, 950 and Directory Assistance will not be completed using the Company Prepaid Calling Card.
- b. Cards are sold with a face value of 20, 40 and 80 units.
- c. Company Prepaid Calling Card balances will be reduced and depleted based upon customer usage. Customers will be given notice one minute before available card balance is depleted. When the balance of available time is depleted, the call will be terminated.
- d. Company Prepaid Calling Card Service cards are non-refundable.

Tariff Advice No. _____

Effective: _____

Issued By: **OTZ Telecommunications, LLC**

By: **Douglas A. Neal**

Title: **Chief Executive Officer**

RCA No. **511** Original Sheet No. 4.28

Cancelling _____ Sheet No. _____

OTZ Telecommunications, LLC

SCHEDULE OF CHARGES

E. Prepaid Calling Card Service

2. Regulations (Continued)

- e. Company will provide a credit equal to one minute of service for Company Prepaid Calling Card Service calls that are interrupted or are subject to inadequate transmissions. Credits will not be issued when an interruption or service deficiency is not reported or due to failure of power, equipment or systems not provided by Company.

3. Rates and Charges

Company Prepaid Calling Card Service cards may be obtained from Company or others in various unit denominations. At the time of sale, customers may purchase cards with an accumulated value as shown below, inclusive of all taxes. One unit equals one minute (or fraction thereof) of calling; in the case of international calls, several units may equal one minute. Rates are based on units purchased at each sale:

20 Units @ \$.50/unit	\$ 5
40 Units @ \$.50/unit	10
80 Units @ \$.50/unit	20
Service Charge per call	\$.25

Tariff Advice No. _____

Effective: _____

Issued By: **OTZ Telecommunications, LLC**

By: **Douglas A. Neal**

Title: **Chief Executive Officer**

RCA No. **511** Original Sheet No. 5.3

Cancelling _____ Sheet No. _____

OTZ Telecommunications, LLC

CALLING PLANS

A. One Simple Rate Plan

Residential customers may select the One Simple Rate Plan in lieu of the Message Telephone Rates in Section 4. The minimum payment is one (1) month. Only one (1) calling plan is allowed per main billing account. This plan only includes dial station calls.

Rates apply to all time periods and all days. Rates apply to calls within Alaska. The per minute cost applies to initial minute and any fraction thereof, and additional minutes and any fraction thereof.

In order to qualify for this calling plan, the customer must be subscribed to OTZ Telecommunications, LLC, for long distance telecommunications service.

- \$0.07 per minute.
- \$5.00 Monthly Recurring Charge.

Tariff Advice No. _____

Effective: _____

Issued By: **OTZ Telecommunications, LLC**

By: **Douglas A. Neal**

Title: **Chief Executive Officer**